Hike in customs duty on anti-cancer drugs

4824. DR. ALADI P. RAJKUMAR:
SHRIMATI VANGA GEETHA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether customs duty on several anti-cancer drugs has been hiked;

(b) whether Government would work on reducing prices of life saving drugs to make them more accessible to the masses; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) Yes Sir, however, these drugs are exempted from special Additional Duty of Customs (SAD). Full exemption from customs duty has been extended to four anti cancer drugs. Besides, Government is empowered under Drugs (Prices Control) Order 1995 to intervene, in the public interest, if the price of any formulation rises unreasonably.

National Consensus for the promotion of two child norm

4825. DR. T. SUBBARAMI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have decided to seek a national consensus for the promotion of the "two-child" norm in pursuance of achieving the average total fertility rate of 2.1 by the year 2010;

(b) if so, whether before taking any final decision in this regard, Government propose to build a consensus for the two-child norms as a concept and create awareness about it; and

(c) if so, by when the final decision in this regard is likely to be taken?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) The National Population Policy 2000 (NPP 2000) affirms the commitment of government towards voluntary and informed choice and consent of citizens while availing of reproductive health care services, and continuation of the target free approach in administering family planning services.

In the past, projects and programmes in the population sector were primarily concerned with increasing numbers and all interventions were designed as centrally administered, method specific and target based, such that these interventions would somehow control the ever growing numbers. Programmes and interventions focused primarily upon sterilization and achieving the targets. This was a rigid, inflexible agenda. Health service providers were using incentives and disincentives to comply with these targets and to achieve the targets prescribed.

Over the past seven years there has been a complete change of focus in respect of these interventions, projects and programmes design for the population sector. The word 'control' is seen as incorrect in the context of population. Instead the focus drifted on development, enabling and empowering women, and towards a multi-sectoral agenda necessarily inclusive of several non-health determinants *viz.*, sanitation, safe drinking water, housing, enhancing the employment opportunities of women and providing connectivity to rural and remote areas along with transportation and communication.

Incentives and disincentives have a strange way of affecting severely that segment of population which is least empowered. In the state of Rajasthan, a girl, who gets married before the age 18 becomes ineligible for a government job. Since she was never consulted before the decision to marry her, was made, and she was simultaneously denied equal access to equal education as her male counter-part. This disincentive will serve to penalize the victim.

The question of providing disincentives can come up when the answer is in the affirmative to the question that facilities for primary health care and primary education, safe drinking water and sanitation, counseling for contraception and availability of transportation, referral services and connectivity have reached every village and town. The fact is that the unmet need for supplies and services, inclusive of remote and rural areas, is far from being met fully.

National Population Policy 2000 is based precisely on these, to meet immediately the unmet need for contraception, health care infrastructure and trained health personnel, for integrated service delivery for basic and reproductive child health care. For these reasons, Government does not propose to provide incentives/disincentives to people for 'controlling' the population of this country. Government is concentrating on increasing the coverage and out-reach of infrastructure, commodities, supplies and services such that over a peirod of time in the short term and in the medium term, the unmet need will be met. Once

these gaps are bridged then, the eligible couples will opt for the small family norm. Government, in pursuit of this policy, is vastly encouraged precisely because ten states/UTs have already achieved the replacement levels of fertility without using incentives or disincentives, another eleven states are closely following their example and are likely to achieve replacement levels soon. There is admittedly some regional imbalance in that some states continue to lag behind. Government is targeting focused attention towards these states.

Nevertheless, National Population Policy 2000 provisions for some promotional and motivational measures targeted at all-India level as reward for demonstrating improvement in achievement of some family welfare and demographic indicators. Some motivational measures are also addressed to couples that adopt the small family norm.

Protection to ISM

4826. SHRIMATI AMBIKA SONI: Will the minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are considering to protect Indian Systems of Medicine;

(b) if so, whether the experts have felt that Indian Systems of Medicine need to be protected from exploitation by others;

(c) whether any concrete formula in this regard has been worked out;

(d) if so, the details thereof; and

(e) by when final decision in this regard is likely to be taken?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes Sir.

(b) to (e) The Government is aware that the medicinal use of our plants has been patented by other countries claiming as innovations. The Government is, therefore, establishing Traditional Knowledge Digital Library covering 35,000 Ayurvedic formulations, in the first phase. This will prevent patenting of medicinal use already in public domain. The Traditional Knowledge Digital Library for Ayurveda is expected to be completed this year. Traditional Knowledge Digital Library for Siddha and Unani will be taken up later.